

FREE TRANSMITTAL
FY 2002

Complete if Known

Application Serial Number	09/356,119
Filing Date	July 16, 1999
First Named Inventor	Rodomista
Group Art Unit	2837
Examiner Name	P. Ip
Attorney Docket No.	SNS-007A

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METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	
3. <input checked="" type="checkbox"/> Applicant claims small entity status.		Small Entity Fee (\$)	
FEE CALCULATION		Fee Description	
1. FILING FEE		Fee Paid	
Large Entity			
Fee (\$)	Fee Description	Fee Paid	
740	Utility filing fee		
330	Design filing fee		
160	Provisional filing fee		
	Number Filed	Number Extra	Rate
Total Claims	- 20 =		x \$ 18.00 =
Independent Claims	- 3 =		x \$ 84.00 =
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =	
TOTAL:			
SMALL ENTITY DISCOUNT:			
SUBTOTAL (1)		(\$)	
2. AMENDMENT CLAIM FEES			
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate
Total 10	- 35 =	0	x \$ 18.00 =
Indep. 2	- 10 =	0	x \$ 84.00 =
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$280.00 =	
TOTAL:		(\$)	
SMALL ENTITY DISCOUNT:		(\$)	
SUBTOTAL (2)		(\$) 0.00	
		SUBTOTAL (3)	
		(\$) 200.00	
		SUBTOTAL (1)	
		0.00	
		SUBTOTAL (2)	
		0.00	
		SUBTOTAL (3)	
		200.00	
		TOTAL	
		(\$) 200.00	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted, Date: December 12, 2001 Reg. No.: 42,545 Tel. No.: (617) 248-7675 Fax No.: (617) 248-7100 John V. Forcier Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110	



2837 A
PATENT
Attorney Docket No. SNS-007A
(7268/11)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Rodomista et al.
SERIAL NO.: 09/356,119 GROUP NO.: 2837
FILING DATE: July 16, 1999 EXAMINER: P. Ip
TITLE: Force Reflecting Haptic Interface

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231 on this day 12th of December, 2001.


Diane Racicot

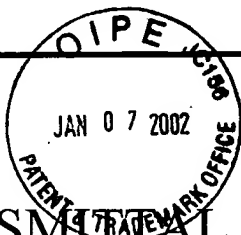
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg);
3. check in the amount of \$200.00;
4. Amendment and Response (10 pgs.);
5. Supplemental Information Disclosure Statement (2 pgs.);
6. Supplemental Form PTO-1449 (1 page);
7. References Labeled C3-C6;
8. Petition for Extension of Time (1 pg); and a
9. Return receipt postcard

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TRANSMITTAL FORM

Application Serial Number	09/356,119
Filing Date	July 16, 1999
First Named Inventor	Rodomista
Group Art Unit	2837
Examiner Name	P. Ip
Attorney Docket No.	SNS-007A
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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Respectfully submitted,

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